DEC 0 6 2013



FILE NO. L - 1890568-3

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## **ARTICLES OF ORGANIZATION**

1. ENTITY TYPE - che	COMPAN		• •	of entity	being forn	ned:				
<u> </u>		Y	☐ PROFE							
	Instruc		□	PROFESSIONAL LIMITED LIABILITY COMPANY						
2. ENTITY NAME - see		ENTITY NAME - see Instructions <u>L010i</u> for naming requirements - give the exact name of the LLC:								
Arizona Appliance Re	Arizona Appliance Repair LLC									
3. PROFESSIONAL LIMITED LIABILITY COMPANY SERVICES — if professional LLC is checked in number 1 above, describe the professional services that the professional LLC will provide (examples: law firm, accounting, medical): N/A										
4. STATUTORY AGENT	- see I	nstructions L01	10i <b>:</b>							
<b>4.1</b> REQUIRED – give to an individual or an or street address					4.2 OPTIONAL – mailing address in Arizona of Statutory Agent (can be a P.O. Box):					
Fatyana Nemenman										
Statutory Agent Name			7							
Attention (optional)			Attention (opti	onal)						
6385 N.Calle Campeche Address 1			Address 1							
Address 2 (optional)	AZ	85750	Address 2 (opt	ional)						
City Tucson	State	Zip	City			State	Zip			
4.3 REQUIRED—the Statut	ory Agent	Acceptance form I	M002 must be	submitted	along with th	ese Arti	cles of Organization.			
E ARTTONA VNOMBI		r BUCINECO	ADDRESS							
5. ARIZONA KNOWN F							Later and a Caller			
<b>5.1</b> Is the Arizona statutory agent	•					eet ac	idress of the			
otatatory agon.		No - go to nu								
<b>5.2</b> If you answere		-				addra.	se (not a P O			
		ce of business					99 (not a r.o.			
Arizona Appl	iance Re	pair LLC								
Attention (optional)				•:-						
7455 E. Broad	iway Br	/a								
Suite C										
Address 2 (optional) Tucson				AZ	85710					
City	NITED S	TATES		State or Province	Zip					

6.	<b>DURATION</b> – the d of the boxes is chec		•		•	•	petual (	unless one
				-		(enter a da	te)	
	The LLC's life period will end on this <b>date</b> :  The LLC's life period will end upon the occurred			nce of this		_ (5.10. 0 50.0)		
						··	(descri	be an event)
CC	MPLETE NUMBE	R 7 OR	NUMBER 8	– <i>NO</i> 7	вотн.			
7.	MANAGER-MANAG LLC will be vested in Attachment form LO	a mana	ger or managers	s, and co	implete and a	ttach the	Manager	<u>r Structure</u>
8.	<b>MEMBER-MANAGE</b> will be reserved to t form L041. The filing	he memb	ers, and comple	ete and a	attach the <u>Mer</u>	<u>nber Stru</u>	cture At	
9.	<b>ORGANIZERS</b> - list organizer - minimur complete and attach	n of one	is required. If n	nore spa	ice is needed,			
nato	liy Elkin			N/A				
Name	C. A.1			Name				
454	S. Adventure Trl		<del>.</del>	Address	s 1			
	· <del>-</del>				- <del>-</del>			
	2 (optional)	AZ		Address	s 2 (optional)			
ucso	n		85748 Zio	City			State	Zip
City	UNITED STATES	State	ziμ	City			State	Zip
Country	ſ			Country	<del>1</del>	<u></u>		
SIGN	ATURE - see Instructions	<u>L010i:</u>		SIGN	IATURE - <u>see Ins</u>	tructions LO	10i:	
ackno togeti	ecking the box marked "I a owledge <i>under penalty of p</i> her with any attachments i Arizona law.	erjury that	this document	ackno toget	necking the box mowledge <i>under pe</i> ther with any atta Arizona law.	nalty of per	<i>jury</i> that the	his document
	Ø I AC	CEPT				I ACC	EPT	
Signa	hura —			Signa	thire			
Sigila	Anatoliy	FLLE	12/06/2013	Jigile	luie			
Printe	d Name	<u></u>	Date	Printe	ed Name			Date
IF SIG	NING FOR AN ENTITY, CHE	CK ONE, FI	LL IN BLANK:	IF SIC	GNING FOR AN EN	TITY, CHECK	ONE, FILI	L IN BLANK:
	Corporation as Organia officer or authorized ager name is:				Corporation as officer or authonome is:			
	LLC as Organizer - I an manager, or authorized a company , and its name	igent of a li			LLC as Organi manager, or au company, and	thorized age	ent of a lim	
				Ada:1	Arizona Come	ation Ca	uccie e	
Expe	Fee: \$50.00 (regular prod dited processing – add \$35 es are nonrefundable - see	.00 to filing		Mail:	Arizona Corpor Corporate Filine 1300 W. Washi 602-542-4100	gs Section ington St., F		rizona 85007

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.

All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

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## STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

1.	<b>ENTITY NAME</b> – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent:									
	Arizona Appliance Repair LLC									
	**									
2.	A.C.C. FILE NUMBER (if entity is already incorporated or registered in AZ):  Find the A.C.C. file number on the upper corner of filed documents OR on our website at: http://www.azcc.gov/Divisions/Corporations									
3.	<b>STATUTORY AGENT NAME</b> – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity):									
	Tatyana Nemenman									
	3.1 Check one box:   The statutory agent is an Individual (natural person).  The statutory agent is an Entity.									
ST	ATUTORY AGENT SIGNATU	RE:								
	Bu the cianature appearing b	olove the individual	or optity named in number 3	2 ahaya						
			or entity named in number 3 che entity named in number 1							
		ntment is effective	until the entity replaces the s							
	By checking the box marked "I accept" below, I acknowledge under penalty of perjury that this document together with any attachments is submitted in compliance with Arizona law.									
	✓ I ACCEPT									
,	Memeranen Tatyana Nemenman									
Sigi	Signature Printed Name									
	QUIRED - check only one:									
▣	Individual as statutory agent: I am signing on behalf of myself as the individual behalf of the entity named as statutory agent,									
	and I am authorized to act for that entity.									
L										
Fili	ng Fee: none (regular processing)									
Ex su	pedited processing – (available online of the processing beditted by itself) and \$35.00 to fill fees are nonrefundable - see Instruc	ing fee. Fax	1300 W. Washington St., Phoen							

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## **MEMBER STRUCTURE ATTACHMENT**

ENTITY NAME – give the exact name of the LLC (foreign LLCs – give name in domicile state or country):     Arizona Appliance Repair LLC									
2. A.C.C. FILE NU Find the A.C.C. file	A.C.C. FILE NUMBER (if known):  Find the A.C.C. file number on the upper corner of filed documents OR on our website at: <a href="http://www.azcc.gov/Divisions/Corporations">http://www.azcc.gov/Divisions/Corporations</a>								
_	Check one box only to indicate what document the Attachment goes with:								
Articles of Organization Application for Registration Articles of Amendment Articles of Amendment to Application for Registration									
4. MEMBERS – giv Attachment form	ve the name and address on.	f all <b>Member</b>	s. If more	space is needed	, use ano	ther <u>Member</u>	<u>Structure</u>		
Anatoliy Elkin		. <u></u>	N/A						
Name	turo Tri		Name						
2454 S.Adven		Address 1							
Address 2 (optional) Tucson	AZ	85748	Address 2 (d	optional)					
Clty Country UNITED STAT	State or	Zip	City Country			State or Province	Zip		
N/A		N/A							
Name			Name						
Address 1			Address 1						
Address 2 (optional)		Address 2 (optional)							
City Country	State or Province	Zip	City Country			State or Province	Zip		
N/A		N/A							
Name		Name							
Address 1		Address 1							
Address 2 (optional)		Address 2 (optional)							
City Country	State or Province	Zip	City			State or Province	Zip		